

Michigan Department of Community Health
Children with Special Needs Fund

APPLICATION PROCEDURES AND GUIDELINES

Purpose

The Children with Special Needs Fund (CSN Fund) provides equipment and services to children with special health care needs that no other resource -- including state or federal programs -- provides.

The CSN Fund is comprised entirely of private dollars and is administered through the Michigan Department of Community Health (MDCH).

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 (TTY 1-866-501-5656).
Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono **1-800-642-3195** (TTY 1-866-501-5656)
Arabic: 1-800-642-3195 (TTY 1-866-501-5656)

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥

Reimbursement Policy

The CSN Fund will not reimburse a family or a business for equipment or services already purchased or provided, nor can the CSN Fund reimburse another organization or funding source that has paid for equipment or services for a family.

Application Process

Complete the attached Application for Assistance (form DCH-1239). Complete one form for each item requested. Additional forms are available at all local health departments or through the CSN Fund office in the MDCH. All questions and inquiries should be directed to the CSN Fund Executive Director at (517) 241-7420.

The following information must be included with each application:

- A completed Financial Assessment (DCH-1273) form, if your child is NOT enrolled in Children's Special Health Care Services (CSHCS);
- A letter of medical necessity from the child's managing CSHCS (or specialty) physician;
- Documentation indicating that other sources (e.g., insurance companies, professional organizations, local service groups/charities, churches) have been contacted for assistance; and
- Three bids/quotes for the equipment or service being requested. If fewer than three are submitted, a statement must be included explaining the reason. All bids/quotes must come from participating providers who are willing to bill the State of Michigan for the equipment or service being requested. The CSN Fund cannot do business with Internet companies who do not accept the CSN Fund approval letter.

Applications can also be submitted through a CSHCS office in a local county health department. If an application is not filled out completely or if all required information is not provided, the request will not be processed. All incomplete applications will be returned to the person responsible for submitting the application.

Role of the CSHCS Office in a Local Health Department

The CSN Fund requests that local CSHCS office staff or other health department coordinators/nurses/representatives assist families interested in requesting assistance from the CSN Fund.

It is not the role of the local CSHCS office or its representatives to determine if a request will be approved or denied, nor is it the role of the local office to gather estimates on behalf of families for equipment or services. The CSN Fund does not have information about what equipment or services are available in each county. Therefore, it is very helpful when a local health department representative can assist a family in locating nearby providers.

Medical Eligibility Criteria

Children under 21 and enrolled in, or medically eligible to enroll in, CSHCS are eligible to apply for assistance from the CSN Fund.

Medical information from the child's managing CSHCS (or specialty) physician must be submitted with the application. This information must detail what the child's diagnosis is. Upon receipt of that information, a determination will be made regarding medical eligibility according to CSN Fund guidelines.

Children covered by the Children's Waiver or the Adoption Medical Subsidy (DHS) are not eligible for assistance from the CSN Fund.

Income Eligibility

In order for applications to be considered by the CSN Fund, financial information must be submitted by the family. The CSN Fund will provide assistance based on the same financial requirements established for CSHCS. Please see the chart below that illustrates the amount of coverage provided by the CSN Fund.

If you are not currently enrolled in CSHCS, the attached financial assessment (DCH-1273) must be submitted with the application or the request will be denied.

Coverage will be provided as follows according to family income.

FAMILY SIZE / INCOME RANGE CHART						
CATEGORY	Family of 1	Family of 2	Family of 3	Family of 4	Family of 5	
A	\$0.00 - \$24,500	\$0.00 - \$33,000	\$0.00 - \$41,500	\$0.00 - \$50,000	\$0.00 - \$58,500	Van Lifts...\$4,000 Ramps\$2,000 Tricycles...\$1,500
B	\$24,501 - \$29,400	\$33,001 - \$39,600	\$41,501 - \$49,800	\$50,001 - \$60,000	\$58,501 - \$70,200	Van Lifts...\$3,000 Ramps\$1,500 Tricycles...\$1,125
C	\$29,401 - \$39,200	\$39,601 - \$52,800	\$49,801 - \$66,400	\$60,001 - \$80,000	\$70,201 - \$93,600	Van Lifts...\$2,000 Ramps\$1,000 Tricycles...\$ 750
D	\$39,201 - \$49,000	\$52,801 - \$66,000	\$66,401 - \$83,000	\$80,001 - \$100,000	\$93,601 - \$117,000	Van Lifts...\$1,000 Ramps\$ 500 Tricycles...\$ 375
E	\$49,001 and up	\$66,001 and up	\$83,001 and up	\$100,001 and up	\$117,001 and up	Ineligible

Electrical Service upgrades and air conditioners will continue to be provided at the maximum allowed by these guidelines. (See pages 3 and 4.)

Decisions

PLEASE ALLOW FOUR TO SIX WEEKS FOR ROUTINE DECISIONS TO BE MADE. If a request is urgent, please indicate the urgency on the application. Requests that must be reviewed by the CSN Fund Advisory Committee require additional time for decisions to be made.

Approvals

When the CSN Fund approves a request, the provider of the equipment or service will receive a letter from the CSN Fund Executive Director stating the specific equipment or service being approved and the amount the CSN Fund will pay. A separate approval letter will be mailed to the requesting family with information about their responsibility to contact the approved vendor or with delivery information in the case of equipment already ordered on their behalf. Copies of both letters are mailed to the local CSHCS office and CSHCS Customer Support Section.

Denials

When the CSN Fund denies a request, the local CSHCS office will receive a letter stating that the request has been denied and the reason for the denial. A copy of that letter will be mailed to the requesting family and the CSHCS Customer Support Section. The CSN Fund is not funded by state or federal dollars and, therefore, there is no appeal process.

Coverage Categories

Van Lifts, Wheelchair Tie-Downs, and Other Conversions

The CSN Fund will pay a maximum of \$4,000 for a van lift and tie-down system.

The CSN Fund will approve up to the lowest bid if it is below the maximum amount allowed. If a family would like to choose a provider who is not the lowest bidder, please indicate this as a preferred vendor on the application; however, the CSN Fund will only approve the amount of the lowest bid. The family will be responsible for paying any remaining balance.

The CSN Fund will approve a maximum of two van lifts per family. The second lift will only be considered five years after the first one was purchased.

The CSN Fund will pay a maximum of \$500 to replace a tie-down system.

Home Wheelchair Ramps

The CSN Fund will pay a maximum of \$2,000 for the purchase and installation of home wheelchair ramps.

If the family lives in a rental unit, the owner of the dwelling must submit a signed statement allowing the construction of a permanent ramp to the dwelling.

A diagram of the proposed structure is required for permanent ramp requests.

All ramps funded by the CSN Fund are expected to meet ADA requirements and any other federal, state, and/or local ordinances and requirements that may apply. A copy of the locally-obtained building permit must be submitted with the invoice to receive payment AFTER the ramp's construction is complete.

Usually, one ramp will be approved per family. However, if there are unusual circumstances, consideration may be given for a second ramp.

Air Conditioners

When deemed medically necessary, the CSN Fund will pay a maximum of \$500 for a one-room air conditioner; or if the family owns their home and is purchasing central air, the CSN Fund will contribute a maximum of \$500 toward that purchase.

It is not necessary to provide quotes for one-room air conditioners. All such air conditioner units are purchased from one provider and will be shipped to the recipient's home.

Please provide the dimensions for the window where the unit will be placed AND the BTUs being requested. Indicate whether a standard unit (as would fit in a double-hung window) will work. If there are any special requirements, please describe your specific needs on the application.

Electrical Service Upgrades

The CSN Fund will provide a maximum of \$1,000 for an electrical service upgrade for a medically eligible client. Medical eligibility is determined on a case-by-case basis by the CSHCS' Chief Medical Consultant. Only one request for an electrical upgrade per family will be considered.

If the family does not own the home where the electrical service upgrade is to be completed, a signed letter from the owner(s) of the dwelling indicating their approval for such a change must be included with the CSN Fund application.

Therapeutic Specialty Tricycles

The CSN Fund will provide a maximum of \$1,500 for a therapeutic specialty tricycle.

The letter of medical necessity submitted to request tricycles must indicate that the child has the ability to ride the tricycle.

If a Rifton tricycle is being requested, it is not necessary to submit any bids, however you must complete and submit the Tricycle Specification Order Form (DCH-1342) with your CSN Fund application (DCH-1239). All Rifton tricycles are being purchased directly from Rifton and will be shipped to the recipient's home.

All tricycles other than Rifton brand must follow CSN Fund guidelines and include three (3) quotes with the application. When a tricycle is approved by the CSN Fund, the family will be notified of any balance they may owe according to the family size/income range chart. If a balance remains the applicant must submit a cashiers check or money order to CSN Fund **PRIOR** to the tricycle being ordered/purchased.

Requests from Non-Custodial Parents

The CSN Fund will consider requests from non-custodial parents; however, all guidelines still apply. If a non-custodial parent would like to apply for assistance from the CSN Fund, the custodial parent must submit a written statement that he/she supports the request and understands the Fund guidelines and the limits on purchases per child. This policy is in place due to limited funding and the Fund's desire to purchase equipment for the home where the child spends most of his/her time.

All Other Requests

The CSN Fund will consider any request submitted; however, requests for items over \$5,000 or of an unusual nature will be reviewed by the CSN Fund Advisory Committee.

All requests must be submitted to the following address:

**Children with Special Needs Fund
Michigan Department of Community Health
Lewis Cass Building, 6th Floor
320 South Walnut Street
Lansing, MI 48913**

Fax: (517) 335-8055

Please keep a copy of all application information submitted to the CSN Fund.

Children with Special Needs Fund Application for Assistance

Lewis Cass Building, 6th Floor
320 South Walnut
Lansing, MI 48913

Phone (517) 241-7420

Fax (517) 335-8055

CSN Fund Log Number

Date Received by CSN Fund

Name of Requester (If you are not a CSHCS representative, please include your company's name and phone number.)		Check one: <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Non-Custodial Parent	
CSHCS Local/County Health Department	Phone Number of Health Department ()		
Name of Child (Last, First, MI)	Date of Birth	CSHCS ID Number	
Name(s) of Parent/Guardian	Phone Number of Parent/Guardian ()		
Mailing Address	City	MI	Zip Code
Are you receiving services from the Children's Special Health Care Services (CSHCS) program? <input type="checkbox"/> YES If YES, please enter your Payment Agreement amount \$ _____ /yr <input type="checkbox"/> NO If NO, you MUST fill out the attached Children with Special Needs Fund (CSN Fund), Financial Assessment (DCH-1273).			
Request from Non-Custodial Parents: The CSN Fund will consider requests from non-custodial parents, however, all guidelines still apply. If a non-custodial parent would like to apply for assistance from the CSN Fund, the custodial parent must submit a written statement that he/she supports the request and understands the Fund guidelines and the limits on purchases per child. This policy is in place due to limited funding and the CSN Fund's desire to purchase equipment for the home where the child spends most of his/her time.			
Please list any other programs from which the child is or has been receiving services (e.g., Adoption Subsidy, Children's Waiver, Community Health, Trust/Insurance Settlement, etc.).			
Has this family ever received assistance from the CSN Fund (previously the Trust Fund for Children with Special Needs)? If so, for what item(s) and in what year(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of Preferred Vendor , if there is one. This may be specified; however, please note that the Children with Special Needs Fund (CSN Fund) will only approve an amount up to the lowest bid, and the family is responsible for any remaining balance.			
Please describe what is being requested. Be specific, using additional paper if needed for the description. If more than one unrelated item is being requested, please use a separate application for each unrelated item. Submit with the application: a) three bids for the item requested, or an explanation regarding the reason for fewer than three bids; b) a statement of medical necessity from the child's managing CSHCS (or specialty) physician; c) documentation as to why the family was not able to obtain funding from other sources; and d) A completed financial assessment (DCH-1273) if not currently enrolled in CSHCS.			
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I certify that the information on this form is true and complete to the best of my knowledge.

Signature of Requester

Date

AUTHORITY: Public Act 368, P.A. of 1978

COMPLETION: Is voluntary, but the information is necessary to receive funding from the CSN Fund.

DCH-1239 (09-06) Previous editions are obsolete.

The Michigan Department of Community Health is an equal opportunity employer, services and programs provider.

This side is for CSN Fund Use Only

Staff:

Comments:

Chief Medical Consultant:

Comments:

Recommendation:

☐ **APPROVAL** ☐ **DENIAL** ☐ **Other:**

Signature

Date

FINAL DECISION - Executive Director of the CSN Fund:

Comments:

☐ **APPROVED** ☐ **DENIED** ☐ **Other:**

Signature

Date

Children with Special Needs Fund Financial Assessment

SECTION 1 – Client Information (Adult Client or Minor Child) and Household Information

Client Name (Last, First, Middle)	Social Security Number	Client ID Number
Client's Home Address (Street, City, State, Zip)		County
List other immediate family members in household with CSHCS coverage (attach additional pages if needed)		
Name (Last, First, Middle)	CSHCS ID Number	Birth Date
Does the Client have any of the following?		
Full Medicaid.....		<input type="checkbox"/> Yes
W.I.C. 9-digit W.I.C. Family #		<input type="checkbox"/> Yes
MIChild.....(Not mihealth)		<input type="checkbox"/> Yes
Does the Client live in a foster home or private placement agency?		<input type="checkbox"/> Yes
Is the Client a ward of the county/state or has a legal guardian?		<input type="checkbox"/> Yes
Is the Client under age 18 and adopted with a pre-existing CSHCS eligible diagnosis?		<input type="checkbox"/> Yes

SECTION 2 – Income Information

Enter the total number of immediate family members living in your household.	
Enter the responsible party's income from the most recent Federal Tax Form (Line 22 of the Federal 1040; Line 15 of the Federal 1040A; or Line 4 of the Federal 1040EZ) \$	

SECTION 3 – Payment Verification

- I certify under the penalty of perjury that the information on this form is true, complete and accurate to the best of my knowledge.
- I authorize the State of Michigan to verify any information on this form.

Signature of Adult Client or Legally Responsible Party	Date Signed	The person signing is the: <input type="checkbox"/> PARENT of Minor Client <input type="checkbox"/> GUARDIAN of Client <input type="checkbox"/> ADULT Client <input type="checkbox"/> FOSTER PARENT of Client
Print Name Signed Above		

**Please submit with your Children with Special Needs Fund Application
if you are not on a Payment Agreement for CSHCS.**

AUTHORITY: Public Act 368, P.A. of 1978
COMPLETION: Is Voluntary, but required if CSN Fund services are desired.

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Michigan Department of Community Health
CHILDREN WITH SPECIAL NEEDS FUND

Tricycle Specification Order Form

Complete this form **ONLY** when requesting Rifton tricycles.



NOTE: Indicate only the items recommended by the child's physical therapist.

	Rustler	Ranger	Wrangler
Inside Leg Length:	17" - 22"	22" - 28"	25" - 35"
Color:	<input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> Electric Lime	<input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> Electric Lime	<input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> Electric Lime
Seat:			
Measures 8 1/2 x 11	<input type="checkbox"/> Small	<input type="checkbox"/> Small	
12 x 16	<input type="checkbox"/> Large	<input type="checkbox"/> Large	<input type="checkbox"/> Large Only
Handlebar:	<input type="checkbox"/> Conventional <input type="checkbox"/> Loop	<input type="checkbox"/> Conventional <input type="checkbox"/> Loop	<input type="checkbox"/> Conventional <input type="checkbox"/> Loop
Handbrake:	<input type="checkbox"/> None	<input type="checkbox"/> None <input type="checkbox"/> Handbrake	<input type="checkbox"/> None
Tray:	<input type="checkbox"/> None <input type="checkbox"/> Tray	<input type="checkbox"/> None <input type="checkbox"/> Small Tray <input type="checkbox"/> Large Tray	<input type="checkbox"/> None <input type="checkbox"/> Small Tray <input type="checkbox"/> Large Tray
Abductor:	<input type="checkbox"/> None <input type="checkbox"/> Abductor	<input type="checkbox"/> None <input type="checkbox"/> Abductor	<input type="checkbox"/> None <input type="checkbox"/> Abductor
Trunk Support:	<input type="checkbox"/> None <input type="checkbox"/> Trunk Support	<input type="checkbox"/> None <input type="checkbox"/> Trunk Support	<input type="checkbox"/> None <input type="checkbox"/> Trunk Support
Guide Bar:	<input type="checkbox"/> None <input type="checkbox"/> Guide Bar	<input type="checkbox"/> None <input type="checkbox"/> Guide Bar	<input type="checkbox"/> None <input type="checkbox"/> Guide Bar
Front Pulley:	<input type="checkbox"/> None <input type="checkbox"/> Front Pulley	<input type="checkbox"/> None <input type="checkbox"/> Front Pulley	<input type="checkbox"/> None <input type="checkbox"/> Front Pulley
Additional Backrest Pad:	<input type="checkbox"/> None <input type="checkbox"/> Back Pad	<input type="checkbox"/> None <input type="checkbox"/> Back Pad	<input type="checkbox"/> None <input type="checkbox"/> Back Pad